

Name
in
Full

Margareta Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Shaker Neck* TownCounty *Kent*

MARYLAND

Date of death *1908 Nov*Day *12*Age *63* Years

Months

Days

Sex *Female*Color or
Race*Negro*Birth-
place*2. Mich
Md.*

Occupation

*Housewife + Midwife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Levi Brown*Father's
Name*Geo. Griffer*Father's
Birthplace*2. Mich
Md.*Mother's
Maiden Name*Margaret Sheppard*Mother's
Birthplace*Md.*Name of person giving
Information*Levi Brown*How related
to deceased*Husband*

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

20 hours

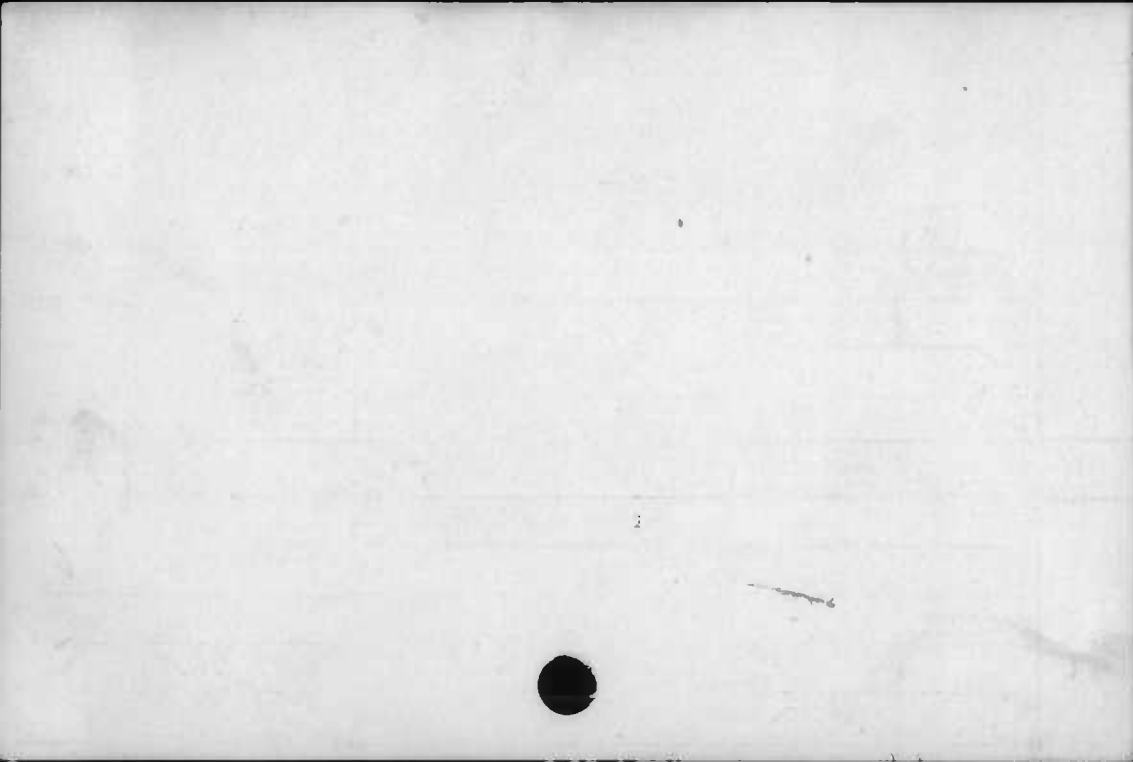
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Harry L. Dodge**Chester town Md.*

Accident or Suicide?



Name
in
Full

Cora Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

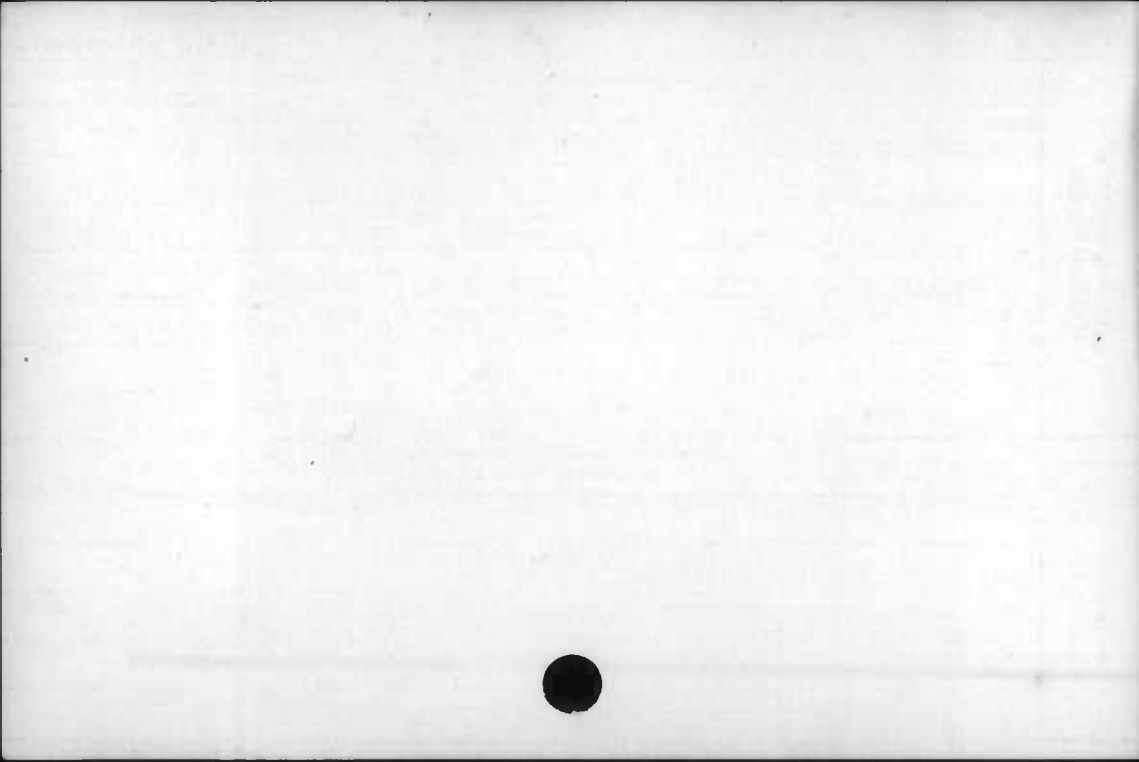
Died at <i>Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>13</i>	Age	Years <i>1</i> Months <i>1</i> Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>John Thomas Daniels</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ella Clark</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John Thomas Daniels</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Accidental</i>	How long <i></i>
Immediate <i>Accidental suffocation</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. H. Jacobs</i>
	Address <i>Millington Ind</i>
Accident or Suicide? <i></i>	



Name
in
Full

Baby of Laurence Hastings. unnamed.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Fairlee* TownCounty *Newt.*

MARYLAND

Date
of death *1908*Month *Nov.*Day *3*

Age

Years

Months

Days

*6 days*Sex *Male*Color or
Race *African*Birth-
place *md.*Occupation *unknown*Where Residing if not
at place of deathMarried, Single
or Widowed *S*Name of Wife or
Husband *none*Father's
Name *Leslie Thomas*Father's
Birthplace *unknown*Mother's
Maiden Name *Laurence Hastings*Mother's
Birthplace *md.*Name of person giving
In formation *John H. Miller*How related
to deceased *Step-father*

CAUSES OF DEATH

152

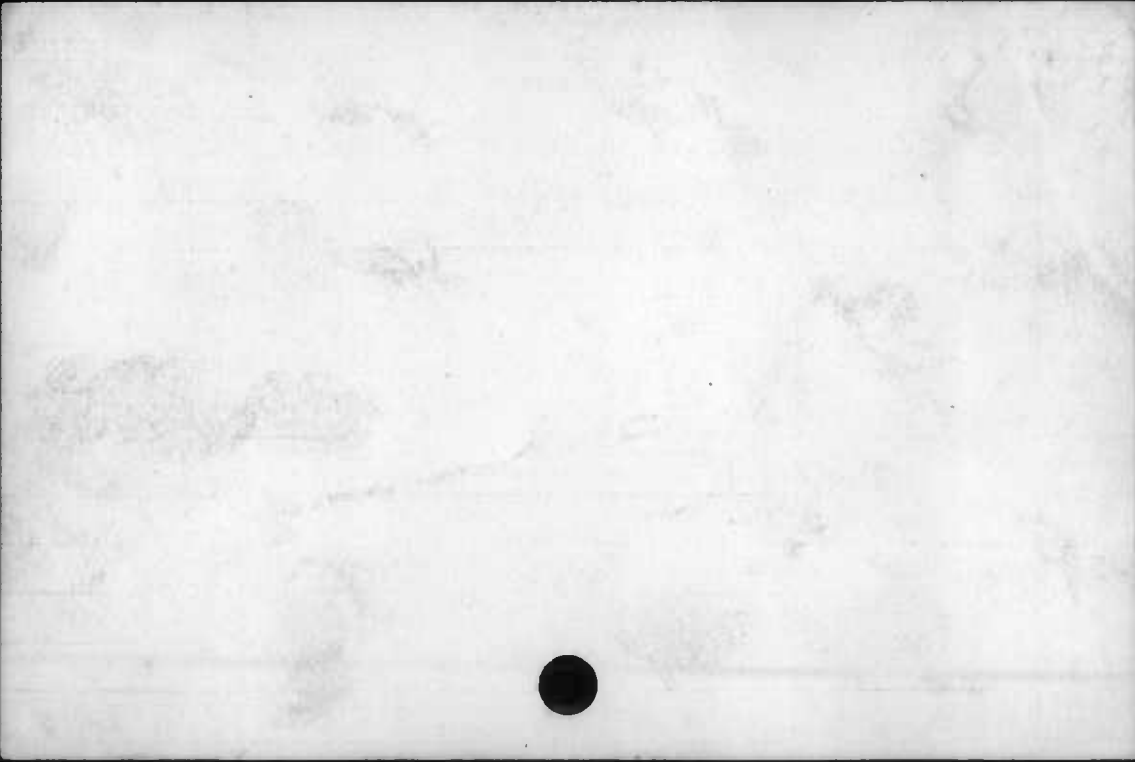
Primary *Hemorrhage from abd*

How long

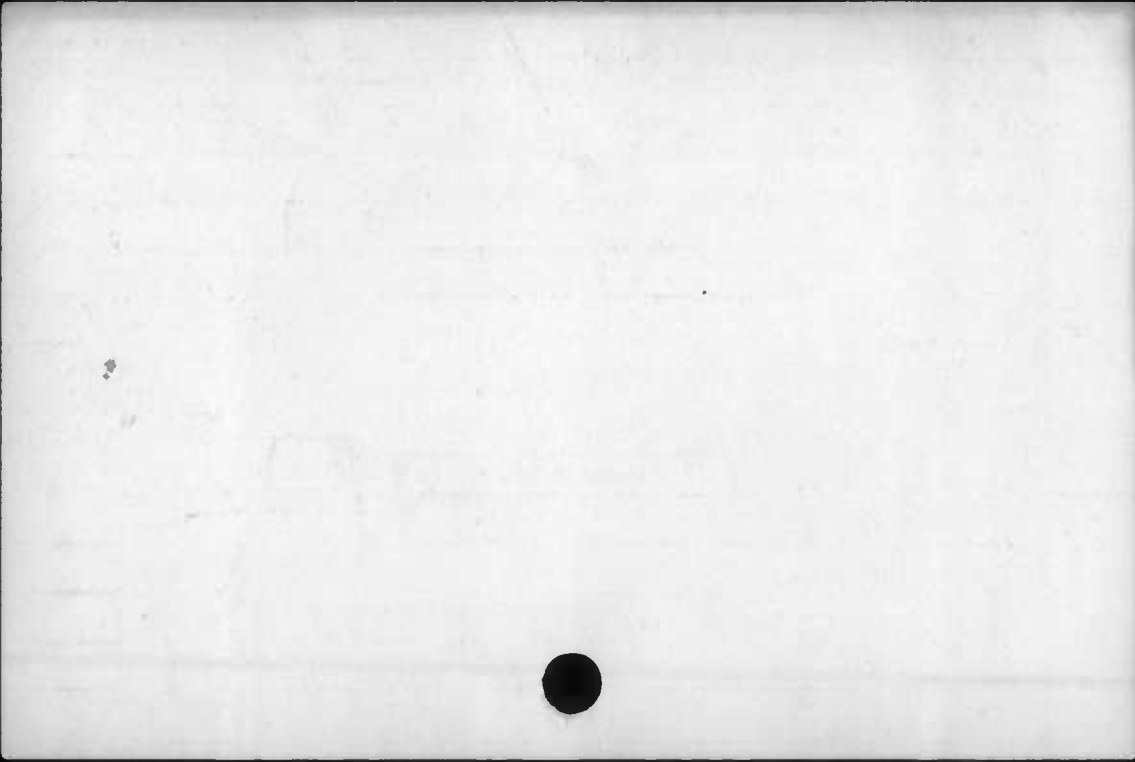
*6 days*Immediate *Exhaustion*

How long

*6 days*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Frank W. Smith*Address *Fairlee*Accident or Suicide? *no*



Name in Full		Hyrson Foster Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(179)</div>								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jane M. Comas*

Died at *Quaker Neck* Town *Kent* County

Date of death 190*8* Month *Nov* Day *22* Age *80* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Kent Co*

Occupation *Cook* Where Residing if not at place of death *Kent Co*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Don't know*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hunt & Bright's Disease* How long *Several years*

Immediate *Apoplexy* How long *3 or 4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Paul B. Hine*

Address *Charters town, Md*

Accident or Suicide *no*

Quaker Neck Church
Cemetery

Ch Dodd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Millington</i>		Town <i>Ken</i>		County		STATE OF MARYLAND	
Date of death 1905	Month <i>11</i>	Day <i>27th</i>	Age <i>about 28 to 30</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place				
Occupation <i>filler of soil</i>			Where Residing if not at place of death				

~~Married, Single~~
~~or Divorced~~

Name of ~~Wife~~ or
Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information _____

How related
to ~~deceased~~

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

How long

Immediate

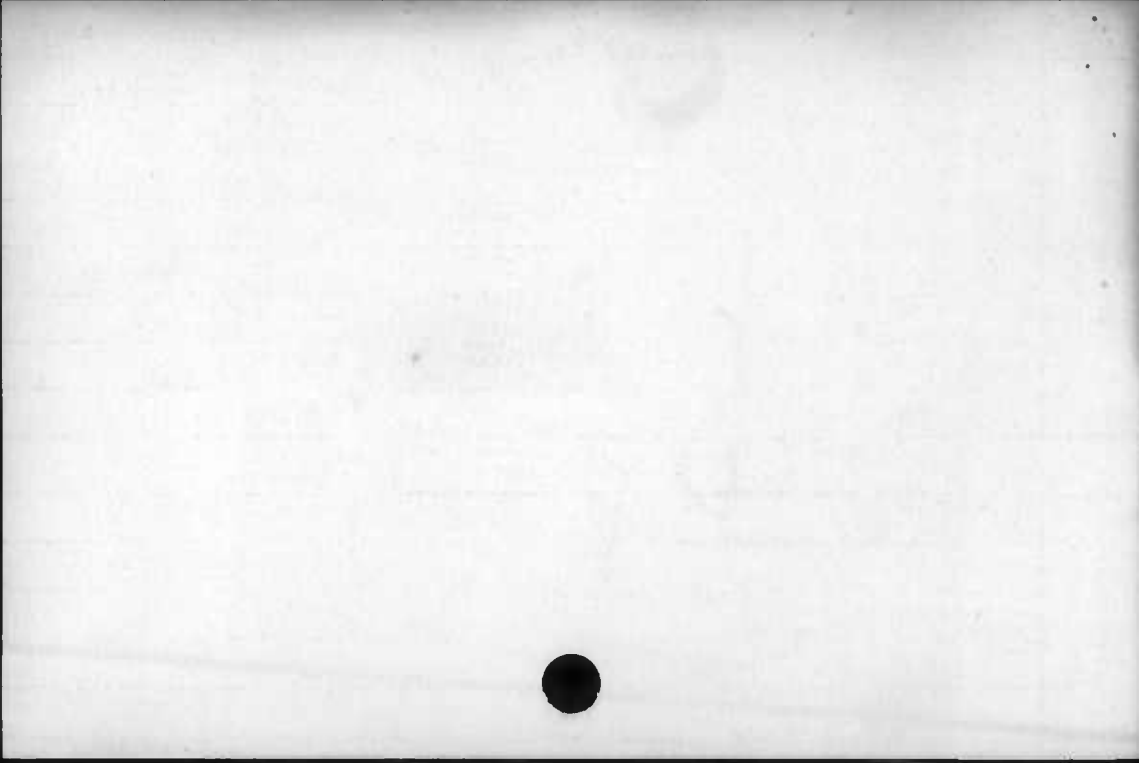
How long

Are the name, age, sex, color, date
and place correctly given above?

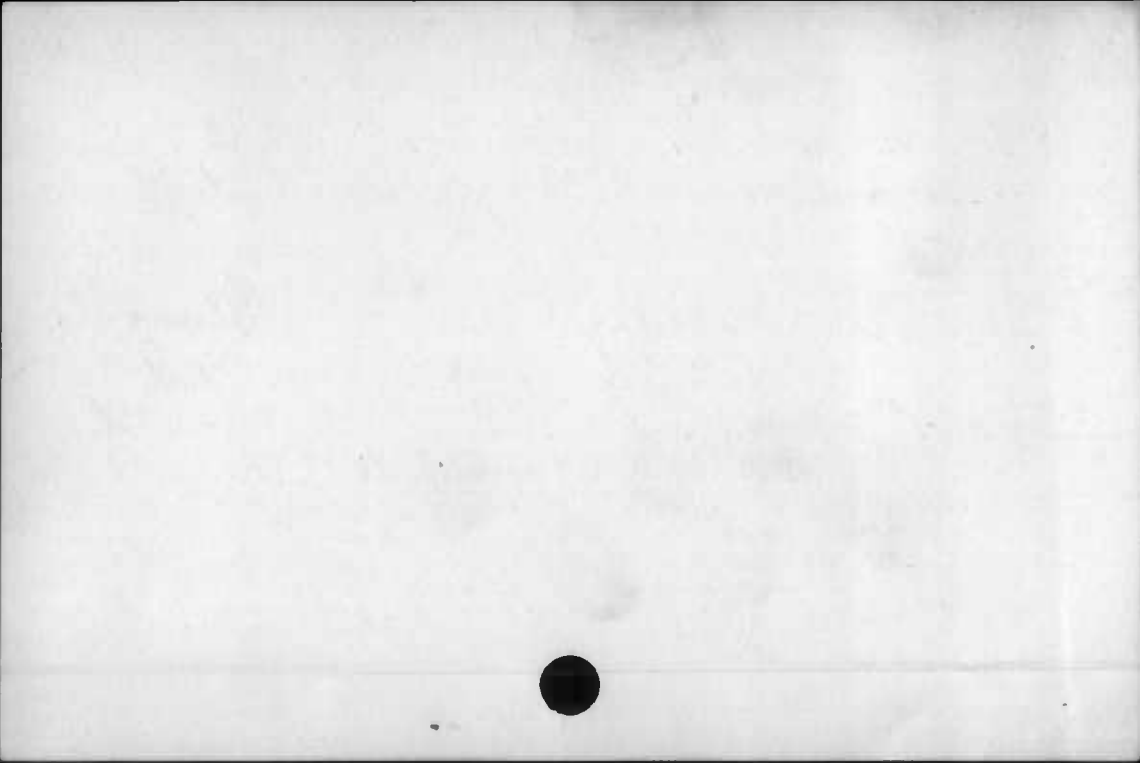
Signature of Physician

Address

Accident or Suicide?



Name in Full Wm Riley Massey		County Kent		CERTIFICATE OF DEATH	
Died at Davis Hill		TOWN Davis Hill		MARYLAND	
Date of death 1908		Month 11	Day 1	Age —	Years 3
Sex Male		Color or Race black		Birth-place Kent Co md	
Occupation		Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband none			
Father's Name Horace Massey		Father's Birthplace Penna			
Mother's Maiden Name Martha Riley		Mother's Birthplace md			
Name of person giving information Mary Gleaves		How related to deceased Aunt			
CAUSES OF DEATH					
Primary Pneumonia		How long 3 days			
Immediate Convulsions		How long 1 hour			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician —			
Address Henry Parvity Co		Address —			
Accident or Suicide? Galena md		Accident or Suicide? Galena md			



Name
in
Full

Richard Frances Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

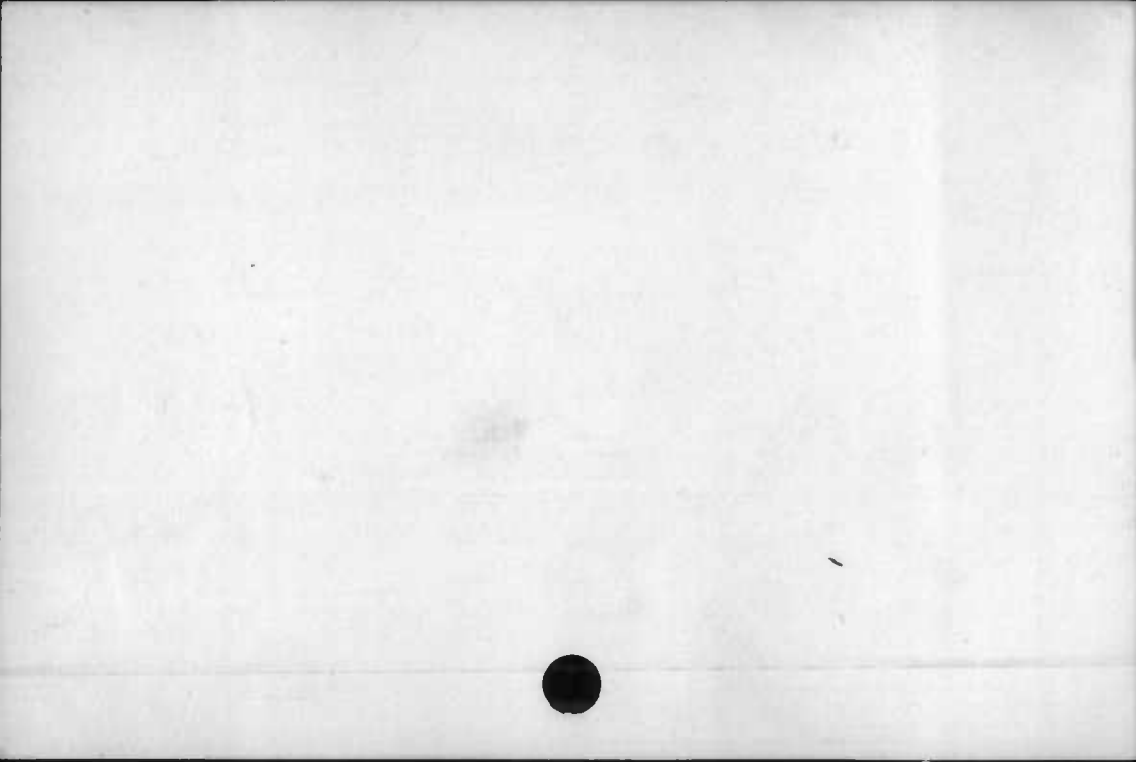
Died at Rock Hall ^{Town}		Kent ^{County}		MARYLAND	
Date of death	1909	Month	Nov	Day	10
Age		68		Years	
Sex		Male		Color or Race	White
Birth-place		Washington D.C.			
Occupation		None		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Robert H Moran		Father's Birthplace	
Mother's Maiden Name		Martha E. Kell		Mother's Birthplace	
Name of person giving information		James Tracy		How related to deceased	
				Son in Law	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General debility	How long	One year
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter J. M. M.	
Address		Rock Hall, Md.	
Accident or Suicide?			



Name
in
Full

Hester Oakley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Lynch ^{County} Kent **MARYLAND**

Date of death 190 ^{Month} 8 ^{Day} Nov ^{Years} 5 Age 34 ^{Months} — ^{Days} —

Sex female Color or Race Black Birthplace Md

Occupation housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of ~~Wife~~ ^{Husband} Frank Oakley

Father's Name James Caulk Father's Birthplace Md

Mother's Maiden Name Angie Wright Mother's Birthplace Md

Name of person giving Information Angie Wright How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever Immunity How long 4 weeks

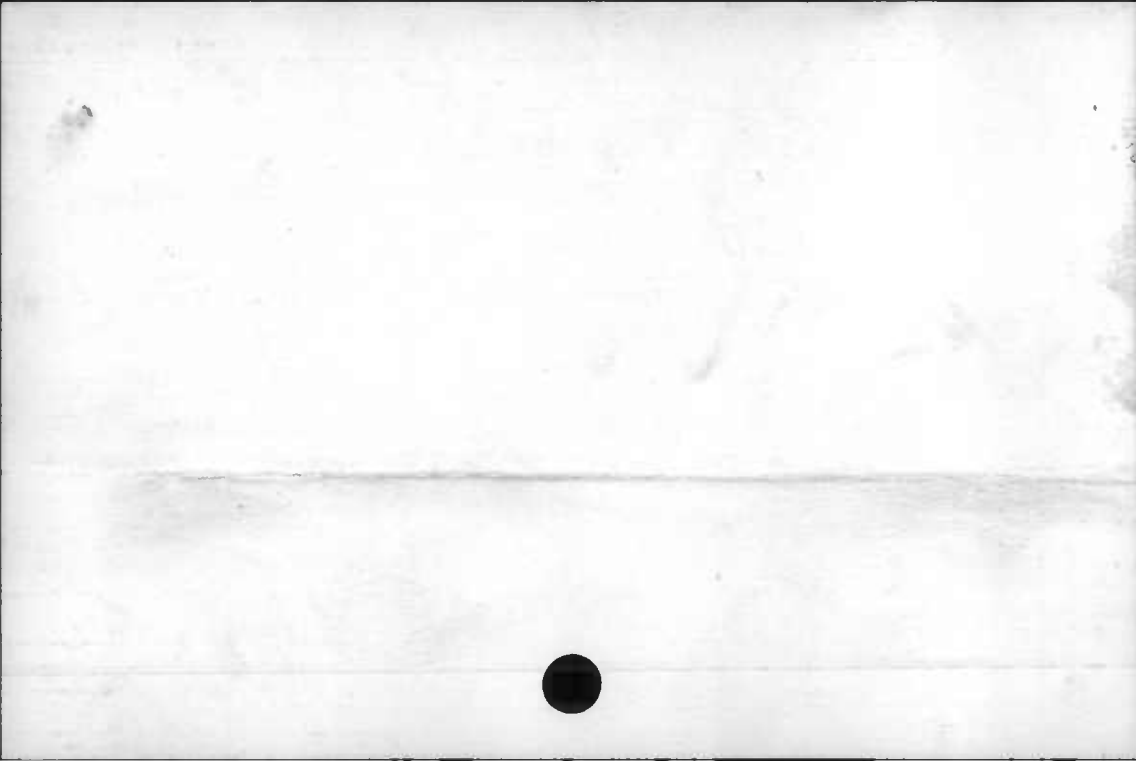
Immediate Heart Failure How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide



Name
in
Full

William G Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Nov</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>32</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Mail driver</u>	Where Residing if not at place of death <u>Worton</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Bacon</u>				
Father's Name <u>H S Parsons</u>	Father's Birthplace <u>Delaware</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annie Bell</u>	Name of person giving information <u>Harry B Parsons</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<u>Killed by Rail Road Train</u>	How long <u>1 1/2 hours</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>John H Greenwood</u>
		Address <u>Coroner</u>
Accident or Suicide?	<u>Accidental</u>	<u>Kent Co Md</u>

Johnston

Name
in
Full

Bateman Elster Saunders

CERTIFICATE OF DEATH

Diad at ^{Town} near Tolchester ^{County} Kent MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} 13 ^{Years} Age ^{Months} 5 ^{Days} 15

Sex Male Color or Race african Birth-place Ind.

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Simon Saunders Father's Birthplace Kent Co. Ind.

Mother's Maiden Name Mammie Brookins Mother's Birthplace Kent Co. Ind.

Name of parson giving Information How related to deceased

CAUSES OF DEATH

93

Primary Pneumonia How long 13 days

Immediate Exposure by change of residence

Are the name, age, sex, color, date and place correctly given above?

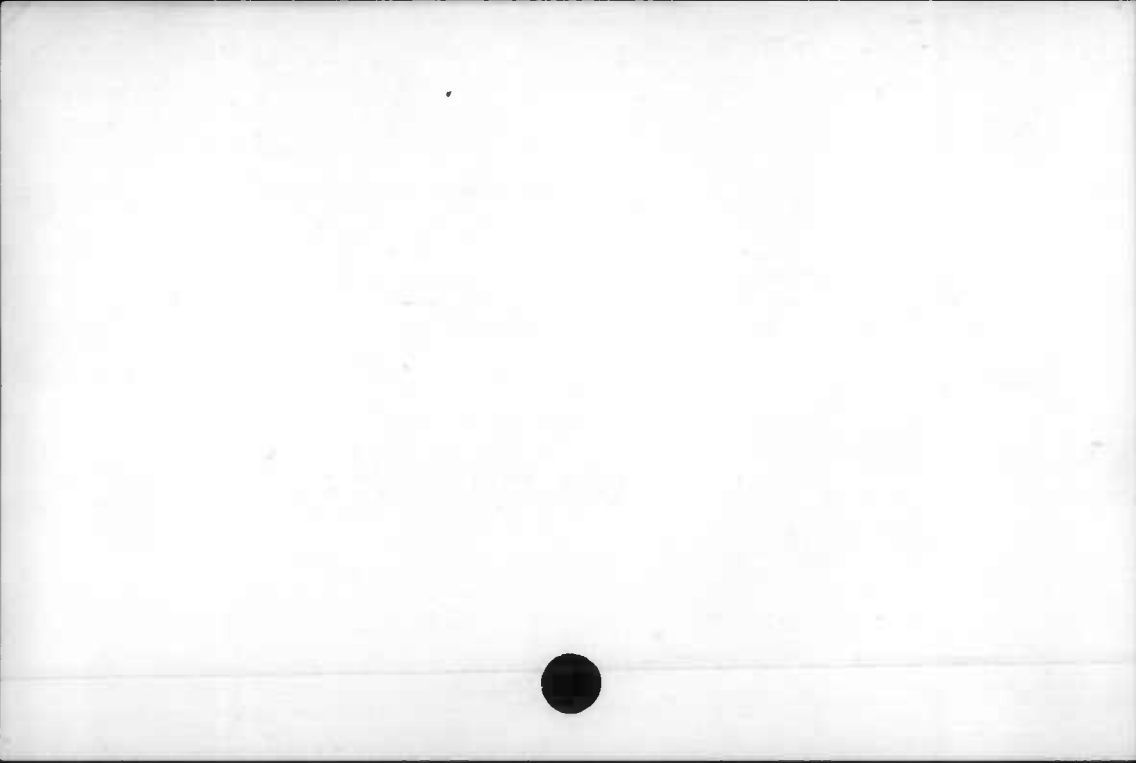
Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Ethel Bosman Wheat				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rock Hall		County Kent		MARYLAND
	Date of death		1908	Month Nov	Day 24	Age —	Years —
	Sex		Female		Color or Race		White
	Occupation		—		Birth-place		Kent-C ^o Md
	Married, Single or Widowed		—		Where Residing if not at place of death		—
	Father's Name		Wallace B Wheat		Father's Birthplace		Kent-C ^o Md
	Mother's Maiden Name		Bertrude P. Jarnal		Mother's Birthplace		New Jersey
Name of person giving information		Wallace B Wheat		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Summer Catarh (gastrointes-		How long		3 weeks
	Immediate		Exhaustion (final catarh.)		How long		One day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Walter A. Selby
					Address		Rock Hall, Md.
Accident or Suicide?							

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